Exhibit H

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Dear colleagues, clients and friends,

Regarding the 10/4/21 article by Abigail Shrier, I remain disappointed by the tone and intent of the article. My comments were taken out of context and used to cast doubt upon trans care, particularly the use of puberty blockers. Worse, Jazz Jennings was disrespectfully and erroneously portrayed as a puberty blockade failure, based solely upon her television portrayal. That said, the author conveyed to me that she is *not against* the use of puberty blockade but rather, interested in better informed consent, a principle upon which we both agreed. I did believe that my comments would be conveyed fairly.

My comments were limited to transfeminine persons, not transmasculine, a point not made.

My concerns regarding consent included long term sexual function, data that we currently do not know, although patients retain sensation including clitoris and G-spot. Sexual naivete is a potential concern but not central to my argument and it is far from certain that patients will sustain permanent sexual dysfunction. It is still possible that adults with a history of puberty blockade will go on to have satisfying sexual lives, but these patients need to be tracked and this measure documented.

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My concerns regarding fertility are secondary, a potential that many transfeminine persons are willing to forego.

My concerns regarding puberty blockade and its negative impact upon later genital surgery remain and are not allayed by new techniques of vaginoplasty including peritoneal pull through. Complications and challenges for these patients are without a doubt, increased.

My hope is that colleagues, onlookers and members of the transgender community at large will recognize my long-term contributions to the field, my unwavering advocacy for patients, the 'one off' regarding this article—wrong time, wrong venue. Although my comments were my own professional opinions, I do recognize that, as President-elect, I now speak for WPATH as well. I have learned from this experience and will be better. I also hope that my comments will help future clinicians, families and patients make more certain, informed choices. I believe that this moment will spur studies, will inspire surgeons to seek better results, and encourage families to consider a bit of puberty when weighing treatment options.

What I hope for, most of all, is that my out-of-context comments will not be excerpted to weaponize ongoing attacks upon transgender persons. We have been here since the beginning of time and will be here in the future. We must not allow the critics and skeptics to undo our legitimacy. Rather than attack one another, we are best served by our support of WPATH and its goal of establishing evidence-based care that affirms gender identity as another important aspect of global diversity.

For patients and families seeking guidance going forward, I will say this based upon my own professional experience:

- consider consultation with a gender surgeon prior to blockers. Not all puberty blocked individuals will have insufficient growth going into blockers though puberty may be deemed beneficial for some
- If you can possibly stand a bit of puberty, the extra genital skin growth, likely orgasm and potential fertility may be attractive enough to consider the option. Early post-pubertal kids in their early teens still transition extremely well

For doubters, conservatives, naysayers and haters who continue to misgender, mischaracterize and malign trans persons around the globe, you've lost credibility with me, and likely, with God above.

Marci L. Bowers, MD

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